cal' Officer Incharge of Dispensary (Unani) has been upgraded to the level Of Chief Medical Officer from the existing scale of Rs. 2200-4000 to Rs. 3700-5000 and one post of Dy. Adviser has been upgraded from Rs. 3000-5000 to Rs. 3700-5000.

10 Unani physicians have already been promoted as Senior Medical Officer (Unani) against 8 posts of Senior Medical Officer and 2 posts of Chief Medical' Officer/Dy. Adviser (Unani) w.e.f. 5-12-1991, from existing scale of Rs. 2200-4000 to the scale of Rs- 3000-4500. Promotion to higher levels will be possible only when there are eligibe candidates.

Primary health sub-centres in Uttar Pradesh

993. MAULANA OBAIDULLAH KHAN AZMI; Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to the answer to Unstarred Question 7 given in the Rajya Sabha on the 20th November, 1991 and state:

(a) what are the names of the places in Uttar Pradesh where 21,653 sub-centres have been established as on 1st April, 1990; and

(b) what are the details of plans for setting up such centres in the next few years?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THAR A DEVI SIDlDHARTHA): (a) and (b) The information is being collected and will be laid on the Table of the Sabha.

Consttution of sob-committee for family planning

994. SHRIMATI KAMLA SINHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether in view of the phenomenal rise in the country's population growth. Government propose to launch a revised action plan to check the growth of population rate;

(b) if so, what are the details thereof;

(c) whether it is a fact that a sub-committee of the National Development Council for Family Planning has constituted by Government; and

(d) if so, what are its objectives?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) and (to) To import a new dynamism to the Family Welfare Programme an action Plan has already been evolved by the Ministry of Health and Family Welfare and is being operationalised. The Action Plan highlights the need for evolving a national consensus in support of the Family Welfare Programme and to obtain the willing participation of all sections of the society. Its key features include, (1) improving the quality and outreach of family welfare services (2) differential strategy for special focus on 90 .poor performing districts (Birth rate of 39 per thousand population and above as per the 1981 Census). (3) developing a mechanism to make available funds to States/UTs on 'the basis of reduction of actual birth rate, (4) increasing the coverage of younger age couples through vigorous promotion of spacing methods, (5) introducing new contraceptives and improving the quality of contraceptives, (6) strengthening family welfare schemes in urban areas especially in slum pockets. (7) revitalising training activities of medical/para-medical personnel with emphasis on motivational and counselling aspects, (8) sustaining the good work done under the Universal Immunisation Programme and strengthening of other interventions for Maternal and Child Health Care, (9) reorientation of informa, tion, education and communication efforts to focus on the quality of life issues and inter-personal communication (10) involving voluntary and non-governmental organisation in a big way to promote active community participation in the programme, (11) (rearing up of the implementation machinery in the States/UTs and (12) evolving high level inte-sec-toral coordination mechanisms at the national, state and district levels etc.

(c) and (d) A committee of the National Development Council' (NDC) on population has been constituted in pursuance of the meeting of the National Development Council held in December, 1991. The objectives of the Committee are as follows:—

(i) To review the social and demographic dimensions, exiting and requisite infrastructure at the community level and the needs of technology development relevant to the formulation of National Population Policy; (ii) To identify intervention strategies for population control, both at the macro and micro levels on a holistic and iutersectoraf ba?is: (iii) To suggest mechanism for securing commitment and support of leadership of all denominations, and at all levels for the National Population policy and the implementation of population control programmes: (iv) to recommend ways and means of achieving participation of the people, particularly women and youth, and through people's institutions such as NGOs, voluntary organisations, professional organisations of all categories of health care providers, trade and industry, labour organised and cooperative sector and media etc.. (v) To outline policies and programmes for raising the social status of women, bridging the gender gop in literacy and health and welfare of the mother and the child, as assential inputs into population welfare programme. (vi) To review and recommend appropriate changes in system of financing family welfare programme, (vii) Taking into cognizance the above recommendations, to suggest appropriate formications for a National Population Policy, (viii) To identify and recommend suitable mechanism (s) for a continuous review and monitoring of the implementation of National Population Policy and the intervention strategies, recommended therein fix) To make any other recommendations that may he appropriate either for the formulation of National Population Policy or for the implementation of population control programmes.

Rectangular population clocks

99S. SHRI DHULESHWAR MEENA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to State:

(a) whether it is a fact that Government have decided to place at strategic points the rectangular population clocks' with a view to control populatioa;

(b) if so, whether Government have evolved a strategy to select points in cities, towns and rural areas for the installation of such clocks;

(c) the total expenditure involved in this project; and

(d) what other measures Government proposes to take to promote the small family norms?

THE MINISTER OF STATE IN THF MINISTRY OF HEALTH ANL FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA). (a) Yes Sir.

(b) The following criteria has been decided for selection of sites for installa tion of Population Clocks.

1. Maximum coverage of the clock in terms of viewers. in order to propagate the message of the small family norm.

2. The site should be such that people from maximum walks of life visit it.

3. The site should have suitable infrastructure and ' space for installation of the clock.

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4. The site should have uninterrupted electricity supply.

5. Proper security is ensured.

(c) The total cost involved in the production of 4 Populaton. Clocks, out of which one has already been complet ed and installed; and three under pro duction, is Rs. 44 lakhs. It is proposed to procure additional clocks with certain modifications & installation in each State/UT at a cost of Rs. 189 lakhs.